

# Enrollment Guide <sup>2021-22</sup>

## South Jordan City

Look inside for important information on your PEHP benefits.



**PEHP**  
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

# Benefits Changes & Reminders

## Benefits Changes

### » HSA Contribution Limits for 2021

The 2021 contribution limit is \$3,600 for single plans and \$7,200 for double/family plans.

### » IRS minimums for STAR HSA Option 1

	Single	Family
Deductible	\$1,400	\$2,800
OOP max	\$2,800	\$5,600

## Reminders

### » Prescription Drug Pricing Tool

PEHP members can now search by medication to find and compare costs. Members can access this new tool when they log in to their PEHP account. Your search results will display a list of generic and brand name drugs with common costs for both home delivery and retail pharmacy options.

### » Pharmacy

PEHP's [Covered Drug List](#) is modified periodically with changes based on recommendations from PEHP's Pharmacy and Therapeutics Committee.

### » Help Us Get the Word Out to Employees

We provide a variety of educational materials and support services, such as on-site presentations, to help members understand their benefits and make informed decisions about their healthcare. Outreach materials include:

- › PEHP Member Guide
- › Monthly member emails
- › [Live.Share.Inspire](#) video series
- › [Videos](#) on a variety of topics
- › Informational posts on [Facebook](#) and [Twitter](#)
- › Targeted messages via PEHP Message Center
- › Informational sheets on a variety of topics

### » PEHP Value Clinics

Make one of these full-service clinics your family doctor and save! They provide all the services of a family doctor or dentist, but at a lower cost.

## Wellness Rebates

As a reminder, on January 1, 2021, the Wellness Rebates changed to a participation-based structure. You can find details about the new rebate requirements and find individual rebate forms at [www.pehp.org/wellness/rebates](http://www.pehp.org/wellness/rebates)

### » Tobacco Cessation

**Amount:** \$50

**Requirement:** Participation in PEHP Quitline OR doctor signature verifying member is a former smoker and has been tobacco-free for at least 6 months.

### » Diabetes Management Rebate

**Amount:** \$100

**Requirement:** Participation in medical exams and educational/counseling for diabetes.

### » WeeCare Rebate

**Amount:** \$50

**Requirement:** Enroll in WeeCare and view one PEHP Wellness Webinar.

## Tier C Specialty Medications

We are pleased to announce the expansion of our successful specialty drug program. We're adding three new sub tiers under the Tier C Specialty drug benefit to lower costs for those who need specialty medications while securing additional savings for your PEHP plan. With this program, manufacturers will continue to cover more of the drug cost rather than you and your employees. Here's what it looks like:

### Current:

Tier C – 20%. No maximum copay

### New for 2021-22:

Tier C1 – 10%. No maximum copay

Tier C2 – 20%. No maximum copay

Tier C3 – 30%. No maximum copay

# Welcome to PEHP

We want to make accessing and understanding your healthcare benefits simple. This Benefits Summary contains important information on how best to use PEHP's comprehensive benefits.

Please contact the following PEHP departments or affiliates if you have questions.

## ON THE WEB

..... [www.pehp.org](http://www.pehp.org)

Create a PEHP for Members account at [www.pehp.org](http://www.pehp.org) to review your claims history, get important information through our Message Center, see a comprehensive list of your coverages, find and compare providers in your network, access Healthy Utah rebate information, check your FLEX\$ account balance, and more.

## CUSTOMER SERVICE/ HEALTH BENEFITS ADVISORS

..... 801-366-7555  
..... or 800-765-7347

Weekdays from 8 a.m. to 5:30 p.m.

Have your PEHP ID or Social Security number on hand for faster service. Foreign language assistance available.

## PREAUTHORIZATION

» Inpatient Hospital Preauthorization..... 801-366-7755  
..... or 800-753-7754

## PRESCRIPTION DRUG BENEFITS

» PEHP Pharmacy ..... 801-366-7551  
..... or 888-366-7551

## SPECIALTY PHARMACY

» Accredo ..... 800-501-7260

## CITY OF SOUTH JORDAN HUMAN RESOURCES

Debbie ..... 801-253-5203 ext. 1853  
Theresa..... 801-253-5203 ext. 1851  
Michelle ..... 801-253-5203 ext. 1854  
Corinne..... 801-253-5203 ext. 1850  
Teresa ..... 801-253-5203 ext. 1852

## GROUP TERM LIFE AND AD&D

» PEHP Life and AD&D ..... 801-366-7495

## PEHP FLEX\$/HSA

» PEHP FLEX\$ Department ..... 801-366-7503  
..... or 800-753-7703

## HEALTH SAVINGS ACCOUNTS (HSA)

» Health Equity..... 866-960-8058  
..... [myhealthequity.com](http://myhealthequity.com)

## WELLNESS AND DISEASE MANAGEMENT

» PEHP Healthy Utah ..... 801-366-7300  
..... or 855-366-7300  
..... [www.pehp.org/healthyutah](http://www.pehp.org/healthyutah)

» PEHP Health Coaching ..... 801-366-7300  
..... or 855-366-7300

» PEHP WeeCare..... 801-366-7400  
..... or 855-366-7400  
..... [www.pehp.org/weecare](http://www.pehp.org/weecare)

» PEHP Integrated Care (Ask for Member Services Nurse)  
..... 801-366-7555  
..... or 800-765-7347

## VALUE-ADDED BENEFITS

» PEHPplus..... [www.pehp.org/plus](http://www.pehp.org/plus)

## ONLINE ENROLLMENT HELP LINE

..... 801-366-7410  
..... or 800-753-7410

## CLAIMS MAILING ADDRESS

PEHP

560 East 200 South

Salt Lake City, Utah 84102-2004

# PEHP for Members

**Manage Your Benefits Online »** Get the most from your benefits at PEHP for Members at [www.pehp.org](http://www.pehp.org). Log in for personalized information and tools. Enroll, find and compare doctors, get cost information, learn benefit details, and more.

### my BENEFITS

- Find and Select a Provider
- See Your Claims
- Enroll Online

### my MONEY

- See Treatment Costs
- See Facility Costs
- See Medication Costs

### my HEALTH

- Find Treatment Options
- Healthy Utah Testing
- Get Health Snapshot



» “You’ve got mail!” We send important information about your benefits and care through the **PEHP Message Center**. You may see vital notices specifically for you, such as cost information about medications you’re taking.

» Encourage your adult dependents (spouses and children 18 years or older) to create their individual PEHP for Members account. This allows them to see their claims, personal biometrics, and personalized messages from PEHP. Call PEHP at 801-366-7555 or 800-765-7347 for instructions.

### Find PEHP for Members

at [www.pehp.org](http://www.pehp.org). To create your online personal account, you’ll need your PEHP ID number and your Social Security number. Find your PEHP ID number on your benefits card or your EOBs. Or call PEHP at 801-366-7555 or 800-765-7347.



# How to Enroll Online at [www.pehp.org](http://www.pehp.org)

- 1 Access online enrollment through myPEHP. Go to [www.pehp.org](http://www.pehp.org) and locate the “myPEHP Login” on the right side of the page.

If you’re logging in for the first time, click “Create my PEHP account.”

Otherwise, enter your user ID and password into the boxes to access your information.



- 2 During open enrollment, you’ll have access to online enrollment through a link in the myBenefits menu.

- 3 The online enrollment main page shows benefits available to you. Click “Enroll” or “Change” beneath the desired benefit to begin. Enroll or make changes in any of the following benefits: medical, dental, Term Life, AD&D, and FLEX\$.



**CONTACT PEHP, NOT SOUTH JORDAN CITY, IF YOU HAVE ONLINE QUESTIONS.**

**ONLINE ENROLLMENT: 801-366-7410 OR 800-753-7410**

**LIFE INSURANCE: 801-366-7495 OR 800-753-7495**

## Understanding Your EOB

(Explanation of Benefits)

**EXPLANATION OF BENEFITS**  
THIS IS NOT A BILL

Subscriber Name: \_\_\_\_\_  
Subscriber ID: 000000000000

Important Information: Retain for your records.

Claim Number: 000000000000 Patient Name: \_\_\_\_\_  
Plan Falt: \$134.33 Provider Name: \_\_\_\_\_  
Your Total Responsibility: \$25.00 Date Processed: 05/04/12  
Date Paid: \_\_\_\_\_

Amount Charged	Amount Ineligible	Amount Eligible	Deductible	Member Responsibility	Other Insurance	Amount Paid
\$175.00	\$0.00	\$159.33	\$0.00	\$0.00	\$0.00	\$134.33
\$175.00	\$0.00	\$159.33	\$0.00	\$0.00	\$0.00	\$134.33

Year to Date Individual Deductible Amount: \$0.00  
Year to Date Family Deductible Amount: \$0.00  
Year to Date Individual Out of Pocket Amount: \$0.00  
Year to Date Family Out of Pocket Amount: \$0.00

We send an EOB each time we process a claim for you or someone on your plan. Go paperless and view EOBs at your myPEHP account at [www.pehp.org](http://www.pehp.org).

- 1 AMOUNT CHARGED**  
The medical provider's (e.g., doctor, hospital, or clinic) bill for your service.
- 2 AMOUNT INELIGIBLE**  
The part of the bill that includes services not covered by your plan. Settle this with the provider's office (not PEHP).
- 3 AMOUNT ELIGIBLE**  
This is PEHP's In-Network Rate. This is the most we allow in-network providers to charge for this service. However, out-of-network providers may charge more than the In-Network Rate. Avoid paying more by using only in-network providers (find them at [www.pehp.org](http://www.pehp.org)).
- 4 DEDUCTIBLE**  
The set amount you pay for eligible charges in a plan year before PEHP benefits fully take effect.

- 5 COINSURANCE**  
The percentage of the cost you must pay under your plan. You may already have paid this amount when you received services. If so, the provider's bill may be lower than what's shown on the EOB.
- 6 COPAY**  
The fixed dollar amount you must pay under your plan. You may already have paid this amount when you received services. If so, the provider's bill may be lower than what's shown on the EOB.
- 7 AMOUNT PAID**  
The part of the bill PEHP paid.
- 8 CLAIM NUMBER**  
Keep this number as reference if you call PEHP about your claim.
- 9 YOUR TOTAL RESPONSIBILITY**  
The amount of the bill the provider expects you to pay. Settle this with the provider's office (not PEHP).

*See your applicable benefit summary and master policy for complete terms of your plan.*

# Eligibility & Enrollment

### Eligibility

All full-time employees are eligible for insurance benefits. Legally married spouses and any children under the age of 26 with whom you have a legal parental relationship are eligible for coverage.

### Enrollment

You have 60 days from your hire date to enroll yourself and your eligible dependents for coverage at [www.pehp.org](http://www.pehp.org). All information gathered or contained through online enrollment is incorporated into the Master Policy. Once you enroll online your coverage will be effective on the first day of the following month after date of hire. If you fail to enroll within 60 days from your hire date you cannot enroll for coverage until the next annual open enrollment period.

### Special Enrollment/Mid-Year Events

If you miss the initial 60-day period to enroll, you are not eligible to enroll until the City's next annual open enrollment period unless you meet one of the conditions for Special Enrollment. Special Enrollment allows late enrollees to enroll or drop coverage with PEHP prior to the City's next annual enrollment by meeting one of the following special enrollment/mid-year events:

1. Birth, adoption or placement
2. Marriage
3. Divorce
4. Death

5. Gain or loss of employment of a spouse or dependent
6. Loss or gain of coverage during a spouse's or dependent's open enrollment window.
7. Significant increase or decrease in premium or coverage through a spouse's employer plan, e.g., reduction in working hours that would result in higher premiums or loss of coverage.
8. Involuntary loss of coverage.
9. Work Schedule – a reduction or increase in hours of employment by the employee, spouse, or dependent, which causes a change in the health benefits or employee premium/rate share available to the covered individual, including, but not limited to, a switch between part-time and full-time, a strike or lock out, or commencement or return from an unpaid leave of absence.

Eligible employees will have 60 days from the date coverage is lost or the date of the special enrollment/mid-year event to make the enrollment change. Coverage will be retroactive back to date of event.

Proof of loss of the other coverage must be submitted to PEHP at the time of the enrollment change. Other eligible documentation such as proof of loss of other coverage, copy of marriage, birth or death certificate, divorce decree signed by the judge, adoption or placement papers or other legal documentation required to substantiate the event must be submitted to PEHP. Claims will not be paid until premiums are collected back to the date of event.

# Eligibility & Enrollment (continued)

### Legal Guardianship

You may enroll any dependent children who are under age 19 who are placed under your legal guardianship within 60-days of receiving legal guardianship. Proof of legal guardianship must be provided to PEHP prior to any benefits being paid under the plan.

### Married Dependents

Dependent children can remain covered under the medical and dental plans up to age 26 even if they are married. Life and AD&D plans are not offered to any married child. If your dependent child becomes married during the plan year you must provide a copy of the marriage certificate and notify PEHP immediately.

### Personal Online Account

No more paper! By going to [www.pehp.org](http://www.pehp.org) and logging into your personal online account you can:

- » enroll in medical/dental/life/accident
- » enroll in Flex
- » enroll in HSA
- » change HSA contributions
- » add dependents
- » make changes to your benefits
- » change your beneficiary information
- » update your address

## Summit

**Steward, MountainStar, and University of Utah Health Care** providers and facilities. You can also see Advantage providers on the Summit network, but your benefits will pay less.

### Participating Hospitals

#### Beaver County

Beaver Valley Hospital  
Milford Valley Memorial Hospital

#### Box Elder County

Bear River Valley Hospital  
Brigham City Community Hospital

#### Cache County

Cache Valley Hospital

#### Carbon County

Castleview Hospital

#### Davis County

Lakeview Hospital  
Davis Hospital

#### Duchesne County

Uintah Basin Medical Center

#### Garfield County

Garfield Memorial Hospital

#### Grand County

Moab Regional Hospital

#### Iron County

Cedar City Hospital

#### Juab County

Central Valley Medical Center

#### Kane County

Kane County Hospital

#### Millard County

Delta Community Hospital  
Fillmore Community Hospital

#### Salt Lake County

Huntsman Cancer Hospital  
Jordan Valley Hospital  
Jordan Valley Hospital - West

#### Salt Lake County (cont.)

Lone Peak Hospital  
Primary Children's Medical Center  
Riverton Children's Unit  
St. Marks Hospital  
Salt Lake Regional Medical Center  
University of Utah Hospital  
University Orthopaedic Center

#### San Juan County

Blue Mountain Hospital  
San Juan Hospital

#### Sanpete County

Gunnison Valley Hospital  
Sanpete Valley Hospital

#### Sevier County

Sevier Valley Hospital

#### Summit County

Park City Medical Center

#### Tooele County

Mountain West Medical Center

#### Uintah County

Ashley Regional Medical Center

#### Utah County

Mountain View Hospital  
Timpanogos Regional Hospital  
Mountain Point Medical Center

#### Wasatch County

Heber Valley Medical Center

#### Washington County

Dixie Regional Medical Center

#### Weber County

Ogden Regional Medical Center

## Advantage

### Intermountain Healthcare (IHC)

providers and facilities. You can also see Summit providers on the Advantage network, but your benefits will pay less.

### Participating Hospitals

#### Beaver County

Beaver Valley Hospital  
Milford Valley Memorial Hospital

#### Box Elder County

Bear River Valley Hospital

#### Cache County

Logan Regional Hospital

#### Carbon County

Castleview Hospital

#### Davis County

Davis Hospital  
Intermountain Layton Hospital

#### Duchesne County

Uintah Basin Medical Center

#### Garfield County

Garfield Memorial Hospital

#### Grand County

Moab Regional Hospital

#### Iron County

Cedar City Hospital

#### Juab County

Central Valley Medical Center

#### Kane County

Kane County Hospital

#### Millard County

Delta Community Hospital  
Fillmore Community Hospital

#### Salt Lake County

Alta View Hospital  
Intermountain Medical Center

#### Salt Lake County (cont.)

The Orthopedic Specialty Hospital (TOSH)  
LDS Hospital  
Primary Children's Medical Center  
Riverton Hospital

#### San Juan County

Blue Mountain Hospital  
San Juan Hospital

#### Sanpete County

Gunnison Valley Hospital  
Sanpete Valley Hospital

#### Sevier County

Sevier Valley Hospital

#### Summit County

Park City Medical Center

#### Tooele County

Mountain West Medical Center

#### Uintah County

Ashley Regional Medical Center

#### Utah County

American Fork Hospital  
Orem Community Hospital  
Spanish Fork Hospital – coming 4/21  
Utah Valley Hospital

#### Wasatch County

Heber Valley Medical Center

#### Washington County

Dixie Regional Medical Center

#### Weber County

McKay-Dee Hospital

## No-Pay Providers

PEHP doesn't pay for any services from certain providers, even if you have an out-of-network benefit. See List of No-Pay Providers at [pehp.org](http://pehp.org)

# Summit Urgent Care Facilities

## Box Elder County

### Box Elder Instacare (IHC)

1050 Medical Dr. Brigham City, 84302 ..... 435-695-2727

## Cache County

### Cache Valley Community Health

26 W. Main St #3A Hyrum, 84319 ..... 435-245-6988

### Logan InstaCare (IHC)

412 N. 200 E. Logan, 84321 ..... 435-713-2710

### North Cache Valley Instacare (IHC)

4088 N. Highway 91 Hyde Park, 84318 ..... 435-563-4888

### Sterling Physician Group

630 E 1400 N #150 Logan, 84341 ..... 435-915-4465

1201 S Main #110 Logan, 84321 ..... 435-787-8504

## Davis County

### First Med

1512 Renaissance Towne Dr. #100 Bountiful, 84010 ..... 801-295-6483

### UUHC Centerville Health Center

26 S. Main St. Centerville, 84014 ..... 801-693-7900

### UUHC Farmington Health Center

165 N University Ave. Farmington, 84025 ..... 801-213-3200

### Wee Care Pediatrics

2084 N. 1700 W. Layton, 84041 ..... 801-773-8644

## Iron County

### Cedar City InstaCare (IHC)

962 S. Sage Dr. Cedar City, 84720 ..... 435-865-3440

## Salt Lake County

### Copperview Medical Center

3556 W. 9800 S. #101 South Jordan, 84095 ..... 801-567-9780

### Exodus Healthcare Network

3665 S. 8400 W. Magna, 84044 ..... 801-250-9638

## Salt Lake County (Continued)

### First Med

8822 Redwood Rd. #E122 West Jordan, 84088 ..... 801-943-3300

5911 Fashion Blvd. Murray, 84107 ..... 801-266-6483

1950 E. 7000 S. Salt Lake City, 84121 ..... 801-943-3300

### First Med at Salt Lake Industrial Clinic

441 S. Redwood Rd. Salt Lake City, 84104 ..... 801-973-2588

### Foothill Clinic South

6360 S. 3000 E. Salt Lake City, 84121 ..... 801-365-1032

### Granger Medical Clinic

3725 W. 4100 S. West Valley City, UT 84120 ..... 801-965-3600

### Stat MD

7724 S 5600 W #102 West Jordan, 84341 ..... 435-604-0160

### UUHC Redwood Urgent Care

1525 W. 2100 S. Salt Lake City, 84119 ..... 801-887-2400

## Summit County

### Canyons Village Medical Center

3850 Canyons Resort Dr. Park City, 84098 ..... 435-615-2235

### Intermountain Healthcare Instacare

1665 Bonanza Dr. Park City, 84060 ..... 435-649-7640

### Snow Creek Emergency Clinic

1600 Snow Creek Rd. Park City, 84060 ..... 435-655-0055

### Stat MD

1784 Uinta Way #E2 Park City, 84081 ..... 435-604-0160

## Tooele County

### Intermountain Healthcare Instacare

777 N Main St. Tooele, 84074 ..... 435-228-1200

### Bedtime Kids Care

2356 N 400 E Ste. 202 Tooele, 84074 ..... 435-843-8380

### Tooele Valley Urgent Care

1244 N. Main St. Ste. 201 Tooele, 84074 ..... 435-882-3968

## Utah County

### Alpine Pediatrics – Urgent Care

1912 W. 930 N. Pleasant Grove, 84062 ..... 801-492-1999

### Intermountain Healthcare Instacare

854 Turf Farm Rd #1 Payson, 84651 ..... 801-465-6200

### Premier Family Medical

830 N. 2000 W. Pleasant Grove, 84062 ..... 801-756-3511

275 W. 200 N. #100 Lindon, 84042 ..... 801-796-1333

226 N. 1100 E. #A American Fork, 84003 ..... 801-855-3841

680 E Main Lehi, 84043 ..... 801-768-1699

3943 Pony Express Pkwy #120 Eagle Mountain, 84005 ..... 801-789-5566

### Riverwoods Urgent Care

280 W. Riverpark Dr. Ste. 120 Provo, 84604 ..... 801-229-2011

## Washington County

### Hurricane Valley Instacare (IHC)

75 N. 2260 W. Hurricane, 84737 ..... 435-635-6550

### Night Light Pediatrics

1240 E. 100 S. Ste. 14 St. George, 84790 ..... 435-628-8232

### River Road InstaCare (IHC)

577 S. River Rd. St. George, 84790 ..... 435-688-6300

### Sunset Instacare (IHC)

1739 W. Sunset Blvd. St. George, 84770 ..... 435-634-6050

## Weber County

### Farr West Urgent Care

2850 N. 2000 W. #101 Farr West, 84404 ..... 801-732-0805

### Health Clinics of Utah

2540 Washington Blvd. #122 Ogden, 84401 ..... 801-395-6499

*This list is subject to change. Go to [www.pehp.org](http://www.pehp.org) for the latest list of Summit and Preferred providers and facilities*

# Advantage Urgent Care Facilities

## Box Elder County

### Box Elder Instacare (IHC)

1050 Medical Dr. Brigham City, 84302 ..... 435-695-2727

## Cache County

### Intermountain Healthcare Instacare

412 N. 200 E. Logan, 84341 ..... 435-713-2710  
4088 N Highway 91 Hyde Park, 84318 ..... 435-563-4888

## Davis County

### Intermountain Healthcare Instacare

390 N. Main Bountiful, 84010 ..... 801-292-6100  
2075 University Park Blvd Layton, 84041 ..... 801-779-6200  
745 S 2000 W Syracuse, 84075 ..... 801-525-2400  
435 N. Main St. Kaysville, 84037 ..... 801-498-6000

## Iron County

### Intermountain Healthcare Instacare

962 Sage Dr Cedar City, 84720 ..... 435-865-3440

## Salt Lake County

### Exodus Healthcare Network

3665 S. 8400 W. Magna, 84044 ..... 801-250-9638

## Salt Lake County (continued)

### Intermountain Healthcare Instacare

6272 Highland Dr Murray, 84121 ..... 801-871-6400  
3723 W. 12600 S. Ste 150 Riverton, 84065 ..... 801-285-4560  
2000 S. 900 E. Salt Lake City, 84105 ..... 801-464-7777  
9493 S. 700 E. Sandy, 84070 ..... 801-576-0176  
3845 W. 4700 S. Taylorsville, 84118 ..... 801-840-2020  
2655 W. 9000 S. West Jordan, 84088 ..... 801-256-6399  
389 S 900 E Salt Lake City, 84110 ..... 385-282-2400  
12473 Minuteman Dr. Draper, 84020 ..... 801-495-7970  
181 E Medical Tower Dr. Murray, 84107 ..... 801-314-7700  
5373 W. Lake Park Blvd. West Valley City, 84120 ..... 801-902-8010

### North Temple Urgent Care Clinic

54 N. 800 W. Salt Lake City, 84116 ..... 801-408-8654

## Summit County

### Canyons Village Medical Center

3850 Canyons Resort Dr. Park City, 84098 ..... 435-615-2235

### Intermountain Healthcare Instacare

1665 Bonanza Dr Park City, 84060 ..... 435-649-7640

## Tooele County

### Intermountain Healthcare Instacare

777 N Main St. Tooele, 84074 ..... 435-228-1200

### Tooele Valley Urgent Care

1244 N Main St #201 Tooele, 84074 ..... 435-882-3968

## Utah County

### Intermountain Healthcare Instacare

98 N. 1100 E. #101 American Fork, 84003 ..... 801-492-2550  
1975 N. State St. North Orem, 84057 ..... 801-714-5000  
354 W. State Rd. 73 Saratoga Springs, 84043 ..... 801-766-4567  
762 W. 400 S. Springville, 84663 ..... 801-429-1200  
1134 N. 500 W. Ste. 102 Provo, 84604 ..... 801-357-1770  
854 Turf Farm Rd #1 Payson, 84651 ..... 801-465-6200

### Riverwoods Urgent Care Center

280 W. River Park Dr #120, Provo, 84604 ..... 801-229-2011

## Washington County

### Intermountain Healthcare Instacare

75 N. 2260 W. Hurricane, 84737 ..... 435-635-6550  
577 S. River Rd. St. George, 84790 ..... 435-688-6300  
1739 W. Sunset Blvd. St. George, 84770 ..... 435-634-6050

## Weber County

### Farr West Urgent Care

2850 N. 2000 W. #101 Farr West, 84404 ..... 801-732-0805

### Intermountain Healthcare Instacare

2400 N. Washington Blvd. North Ogden, 84414 ..... 801-786-7500  
1915 W. 5950 S. Roy, 84067 ..... 801-387-8100  
975 E. Chambers St. South Ogden, 84403 ..... 801-387-6200

### Snowbasin Clinic

3925 Snowbasin Rd Huntsville, 84317 ..... 801-620-1040

# Advantage Kidscare & Children's Clinic Facilities

## Davis County

### Intermountain Healthcare Kidscare

390 N. Main St Bountiful, 84010 ..... 801-294-9933  
2075 University Park Blvd Layton, 84041 ..... 801-779-6200

## Salt Lake County

### Intermountain Healthcare Kidscare

9720 S. 1300 E. #E100 Sandy, 84094 ..... 801-501-9933  
2000 S. 900 E. Salt Lake City, 84105 ..... 801-464-7788  
3845 W. 4700 S. Taylorsville, 84118 ..... 801-840-2101  
2655 W. 9000 S. West Jordan, 84088 ..... 801-568-9933  
3723 W. 12600 S. Ste 150 Riverton, 84065 ..... 801-285-4561

## Tooele County

### Bedtime Kids Care

2356 N. 400 E. #303 Tooele, 84074 ..... 435-843-8380

## Washington County

### Night Light Pediatrics

1240 E. 100 S. #14 St. George, 84790 ..... 435-628-8232

## Weber County

### Intermountain Healthcare Kidscare

4403 Harrison Blvd Ste 4875 Ogden, 84403 ..... 801-387-4500

*This list is subject to change. Go to [www.pehp.org](http://www.pehp.org) for the latest list of Advantage providers and facilities*

# Medical Benefits: Traditional Plan



## Traditional Option 1

Summit & Advantage

### MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

**Percentages indicate your share of PEHP's In-Network Rate.**

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan year Deductible</b> <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$250 Double/family plans: \$250 per person, \$500 per family <i>One person cannot meet more than \$250</i>	
<b>Plan year Out-of-Pocket Maximum</b> <i>Please refer to the Master Policy for exceptions to the Out-of-Pocket Maximum</i>	Single plans: \$3,000 Double/family plans: \$3,000 per person, \$6,000 per family <i>One person cannot meet more than \$3,000</i>	
<b>ANNUAL PREVENTIVE CARE</b>		
<b>Preventive services allowed by Affordable Care Act</b> <i>Annual physical exam, immunizations. See full list at <a href="http://www.pehp.org/preventiveservices">www.pehp.org/preventiveservices</a></i>	No charge	30% after deductible
<b>PROFESSIONAL SERVICES</b>		
<b>PEHP e-Care</b>	Medical: \$10 co-pay per visit	Not applicable
<b>PEHP Value Clinics</b>	\$10 co-pay per visit	Not applicable
<b>Primary Care Visits</b>   <i>Includes office surgeries and inpatient visits</i>	\$15 co-pay per visit	30% after deductible
<b>Specialist Visits</b>   <i>Includes office surgeries and inpatient visits</i>	\$25 co-pay per visit	30% after deductible
<b>Surgery and Anesthesia</b>	10% after deductible	30% after deductible
<b>Emergency Room Specialist Visits</b>	\$25 co-pay per visit	\$25 co-pay per visit
<b>Diagnostic Tests, Labs, X-rays – Minor</b> <i>For each test allowing \$350 or less</i>	No charge	30% after deductible
<b>Diagnostic Tests, Labs, X-rays – Major</b> <i>For each test allowing more than \$350</i>	20% after deductible	30% after deductible
<b>Mental Health and Substance Abuse</b> <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	<b>Outpatient:</b> Specialist or UUMG co-pay per visit. <b>Inpatient:</b> 10% after deductible	Not covered
<b>PRESCRIPTION DRUGS</b>   <i>For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></i>		
<b>30-day Pharmacy</b> <i>Retail only</i>	<b>Tier 1:</b> \$10 co-pay <b>Tier 2:</b> 25% of discounted cost, \$25 minimum / \$75 maximum <b>Tier 3:</b> 50% of discounted cost, \$50 minimum / \$100 maximum	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
<b>90-day Pharmacy</b> <i>Maintenance only</i>	<b>Tier 1:</b> \$20 co-pay <b>Tier 2:</b> 25% of discounted cost, \$50 minimum / \$150 maximum <b>Tier 3:</b> 50% of discounted cost, \$100 minimum / \$200 maximum	Not covered

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

\*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or Out-of-Pocket Maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

# Medical Benefits: Traditional Plan

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>SPECIALTY DRUGS</b>   <i>For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></i>		
<b>Specialty Medications, retail pharmacy</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. No maximum co-pay <b>Tier B:</b> 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
<b>Specialty Medications, office/outpatient</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20% after deductible. No maximum co-pay <b>Tier B:</b> 30% after deductible. No maximum co-pay	<b>Tier A:</b> 40% after deductible. No maximum co-pay <b>Tier B:</b> 50% after deductible. No maximum co-pay
<b>Specialty Medications, through Home Health or Accredo</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. \$150 maximum co-pay <b>Tier B:</b> 30%. \$225 maximum co-pay <b>Tier C1:</b> 10%. No maximum co-pay <b>Tier C2:</b> 20%. No maximum co-pay <b>Tier C3:</b> 30%. No maximum co-pay	Not covered
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Outpatient Facility and Ambulatory Surgical Center</b>	10% after deductible	30% after deductible
<b>Urgent Care Facility</b>	\$35 co-pay per visit	30% after deductible
<b>Emergency Room</b> <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	\$125 co-pay after deductible per visit	\$125 co-pay after deductible per visit
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
<b>Diagnostic Tests, Labs, X-rays – Minor</b> <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge	30% after deductible
<b>Diagnostic Tests, Labs, X-rays – Major</b> <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	20% after deductible	30% after deductible
<b>Chemotherapy, Radiation, and Dialysis</b> <i>Dialysis from out-of-network provider requires Preauthorization</i>	10% after deductible	30% after deductible
<b>Physical and Occupational Therapy</b> <i>Outpatient – Up to 20 combined visits per plan year.</i>	Applicable co-pay per visit	30% after deductible
<b>INPATIENT FACILITY SERVICES</b>		
<b>Medical &amp; Surgical</b> <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	10% after deductible	30% after deductible
<b>Skilled Nursing Facility</b> <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	10% after deductible	30% after deductible
<b>Hospice</b>	No charge	30% after deductible
<b>Rehabilitation</b> <i>Up to 45 days per plan year. Requires preauthorization</i>	10% after deductible	30% after deductible
<b>Mental Health &amp; Substance Abuse</b> <i>Requires Preauthorization</i>	10% after deductible	Not covered

## Medical Benefits: Traditional Plan

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption</b>   <i>See Master Policy for benefit limits</i>	10% after deductible, up to \$4,000 per adoption	
<b>Allergy Serum</b>	10% after deductible	30% after deductible
<b>Chiropractic care</b>   <i>Up to 20 visits per plan year</i>	Applicable office co-pay per visit	Not covered
<b>Durable Medical Equipment</b> <i>Some DME requires preauthorization. Visit <a href="http://www.pehp.org">www.pehp.org</a> for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	30% after deductible
<b>Medical Supplies</b> <i>See Master Policy for benefit limits</i>	20% after deductible	30% after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires Preauthorization</i>	No charge	30% after deductible
<b>Injections</b> <i>Includes allergy injections. See above for allergy serum</i>	<b>Under \$50:</b> No charge <b>Over \$50:</b> 20% after deductible	30% after deductible
<b>Infertility Services**</b>   <i>Select services only. See Master Policy for details</i>	50% after deductible	50% after deductible
<b>Temporomandibular Joint Dysfunction**</b> <i>Non-surgical. Up to \$1,000 lifetime maximum. See Master Policy for details</i>	50% after deductible	50% after deductible

\*\*Does not apply to the out-of-pocket maximum.

# PEHP FLEX\$

## Time to Get Serious About Reducing Out-of-Pocket Costs »

Upon enrollment, you agree to set aside a portion of your pre-tax salary for the year to pay eligible expenses. PEHP offers two types of FLEX\$: healthcare and dependent day care. Enroll in one or both.

### Plan Year Contribution Limits

- » Up to \$2,750 for healthcare expenses  
(May adjust annually for inflation)
- » Up to \$5,000 for dependent day care expenses (you and your spouse combined)

### How You Contribute

- » Your contributions are withheld from your paycheck pre-tax. The total amount you contribute is evenly divided among pay periods.
- » The total amount you choose to withhold for healthcare expenses is immediately available as soon as you begin FLEX\$.

### You Can't Have an HSA

You can't contribute to a health savings account (HSA) while you're enrolled in healthcare FLEX\$. However, you may have a dependent day care FLEX\$ and/or a limited FSA and contribute to an HSA.

### FLEX\$ Timeline

Eligible FLEX\$ expenses must be incurred between July 1, 2021 and June 30, 2022. You can carry over up to \$550 in your healthcare FLEX\$ into the next plan year.

### Learn More

Contact PEHP FLEX\$: 801-366-7503 or 800-753-7703; email: [flex@pehp.org](mailto:flex@pehp.org). See instructions below to download the PEHP FLEX\$ brochure or email [publications@pehp.org](mailto:publications@pehp.org) to request a copy.



**Enroll for FLEX\$** at PEHP for Members at [www.pehp.org](http://www.pehp.org) during open enrollment. For more information about FLEX\$, such as eligible expenses and detailed terms and conditions, read the FLEX\$ Brochure and FLEX\$ Handbook. Find them in the "Benefits Information Library" under the "my Benefits" after you log in to your online personal account.

# Medical Benefits: STAR HSA Plan



## STAR HSA Option 1

Summit & Advantage

### MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

**Percentages indicate your share of PEHP's In-Network Rate.**

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan year Deductible</b> <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$1,400 Double/family plans: \$2,800 <i>One person or a combination can meet the \$2,800 double/family deductible</i>	
<b>Plan year Out-of-Pocket Maximum</b>	Single plans: \$2,800 Double/family plans: \$5,600 <i>One person or a combination can meet the \$5,600 double/family maximum</i>	
<b>ANNUAL PREVENTIVE CARE</b>		
<b>Preventive services allowed by Affordable Care Act</b> <i>Annual physical exam, immunizations. See full list at <a href="http://www.pehp.org/preventiveservices">www.pehp.org/preventiveservices</a></i>	No charge	40% after deductible
<b>PROFESSIONAL SERVICES</b>		
<b>PEHP e-Care</b>	<b>Medical:</b> \$10 co-pay per visit after deductible	Not applicable
<b>PEHP Value Clinics</b>	<b>Medical:</b> 20% after deductible	Not applicable
<b>Primary Care Visits</b>   <i>Includes office surgeries and inpatient visits</i>	20% after deductible	40% after deductible
<b>Specialist Visits</b>   <i>Includes office surgeries and inpatient visits</i>	20% after deductible	40% after deductible
<b>Surgery and Anesthesia</b>	20% after deductible	40% after deductible
<b>Emergency Room Specialist Visits</b>	20% after deductible	20% after deductible
<b>Diagnostic Tests, Labs, X-rays</b>	20% after deductible	40% after deductible
<b>Mental Health and Substance Abuse</b> <i>No preauthorization required for outpatient service. Inpatient services require preauthorization</i>	20% after deductible	Not covered
<b>PRESCRIPTION DRUGS</b>   <i>All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></i>		
<b>30-day Pharmacy</b> <i>Retail only</i>	<b>Tier 1:</b> \$10 co-pay <b>Tier 2:</b> 25% of discounted cost, \$25 minimum / \$75 maximum <b>Tier 3:</b> 50% of discounted cost, \$50 minimum / \$100 maximum	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
<b>90-day Pharmacy</b> <i>Maintenance only</i>	<b>Tier 1:</b> \$20 co-pay <b>Tier 2:</b> 25% of discounted cost, \$50 minimum / \$150 maximum <b>Tier 3:</b> 50% of discounted cost, \$100 minimum / \$200 maximum	Not covered

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

\*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or Out-of-Pocket Maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

# Medical Benefits: STAR HSA Plan

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>PRESCRIPTION DRUGS</b>   All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a>		
<b>Specialty Medications, retail pharmacy</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. No maximum co-pay <b>Tier B:</b> 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
<b>Specialty Medications, office/outpatient</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. No maximum co-pay <b>Tier B:</b> 30%. No maximum co-pay	<b>Tier A:</b> 40%. No maximum co-pay <b>Tier B:</b> 50%. No maximum co-pay
<b>Specialty Medications, through Home Health or Accredo</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. \$150 maximum co-pay <b>Tier B:</b> 30%. \$225 maximum co-pay <b>Tier C1:</b> 10%. No maximum co-pay <b>Tier C2:</b> 20%. No maximum co-pay <b>Tier C3:</b> 30%. No maximum co-pay	Not covered
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Outpatient Facility and Ambulatory Surgical Center</b>	20% after deductible	40% after deductible
<b>Urgent Care Facility</b>	20% after deductible	40% after deductible
<b>Emergency Room</b> <i>Medical emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	20% after deductible	20% after deductible
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
<b>Diagnostic Tests, Labs, X-rays</b>	20% after deductible	40% after deductible
<b>Chemotherapy, Radiation, and Dialysis</b> <i>Dialysis from out-of-network provider requires Preauthorization</i>	20% after deductible	40% after deductible
<b>Physical and Occupational Therapy</b> <i>Outpatient – Up to 20 combined visits per plan year.</i>	20% after deductible	40% after deductible
<b>INPATIENT FACILITY SERVICES</b>		
<b>Medical &amp; Surgical</b> <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details</i>	20% after deductible	40% after deductible
<b>Skilled Nursing Facility</b> <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible	40% after deductible
<b>Hospice</b>	20% after deductible	40% after deductible
<b>Rehabilitation</b> <i>Up to 45 days per plan year. Requires preauthorization</i>	20% after deductible	40% after deductible
<b>Mental Health &amp; Substance Abuse</b> <i>Requires Preauthorization</i>	20% after deductible	Not covered

# Medical Benefits: STAR HSA Plan

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption</b>   <i>See Master Policy for benefit limits</i>	20% after deductible, up to \$4,000 per adoption	
<b>Allergy Serum</b>	20% after deductible	40% after deductible
<b>Chiropractic care</b>   <i>Up to 20 visits per plan year</i>	20% after deductible	Not covered
<b>Durable Medical Equipment</b> <i>Some DME requires preauthorization. Visit <a href="http://www.pehp.org">www.pehp.org</a> for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	40% after deductible
<b>Medical Supplies</b> <i>See Master Policy for benefit limits</i>	20% after deductible	40% after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires Preauthorization</i>	20% after deductible	40% after deductible
<b>Injections</b> <i>Includes allergy injections. See above for allergy serum</i>	20% after deductible	40% after deductible
<b>Infertility Services</b>   <i>Select services only. See Master Policy for details.</i>	50% after deductible	50% after deductible
<b>Temporomandibular Joint Dysfunction</b> <i>Non-surgical. Up to \$1,000 lifetime maximum</i>	50% after deductible	50% after deductible

## STAR vs. Traditional Plan

Medical Plan	The STAR Plan (HSA-qualified)	Traditional Option 1 (non-HSA)
<b>Summary</b> <i>This brief comparison is for illustrative purposes only. See your Benefits Summary for details.</i>	<p>You start by paying medical bills with an HSA containing money your employer puts in. You can also put money in yourself, tax-free. This plan pays benefits at 80% when you reach your deductible. Covers more preventive care services at 100% (even before the deductible) than the Traditional Plan. All spending goes to the out-of-pocket maximum, protecting you from large bills.</p>	<p>This plan has multiple co-pays and deductibles and is NOT eligible for an HSA. It pays benefits (at 80%) sooner with a lower deductible. Pays many preventive care services at 100%, but not as many as The STAR Plan covers.</p>
<b>Employer Annual Contribution to Your HSA</b>	<b>Single:</b> \$700 <b>Double:</b> \$1,400 <b>Family:</b> \$1,400	Not applicable (not an HSA-qualified plan by federal standards)
<b>Medical Deductible</b>	<b>\$1,400</b> per single <b>\$2,800</b> per double/family* <i>*This is different from the Traditional Plan</i>	<b>\$250</b> per individual <b>\$500</b> per family
<b>Benefits</b>	Pays covered benefits generally at <b>80%</b> (using in-network providers, after deductible). Includes additional preventive services (See pages 22-23).	Pays covered benefits generally at <b>90%</b> (using in-network providers, after deductible). Most preventive care (using in-network providers) covered at 100%.
<b>Out-of-Pocket Maximum</b>	<b>Medical and Pharmacy:</b> <b>\$2,800</b> single plan <b>\$5,600</b> per family	<b>Medical and Pharmacy:</b> <b>\$3,000</b> per individual <b>\$6,000</b> per family plan
<b>Eligibility</b>	No special eligibility requirements for the plan. However, you must meet <a href="#">certain requirements</a> to open an HSA and to contribute or receive contributions to it.	No special eligibility requirements.

# Understanding The PEHP STAR Plan

## The STAR Plan: What Is It?

The STAR Plan has two components: 1) A High Deductible Health Plan (HDHP), which is a qualified medical plan that meets IRS guidelines for deductibles and out-of-pocket maximums; and 2) a Health Savings Account (HSA), which is an interest-bearing account designed to be coupled with an HDHP.

## Do You Qualify?

To be eligible, you must enroll in The STAR Plan. Also, the following things must apply to you:

- » You're not participating in or covered by a general-purpose flex account (FSA) or Health Reimbursement Account (HRA) or their balances will be \$0 on or before June 30.
- » You're not covered by another health plan (unless it's another HSA-qualified plan).
- » You're not covered by Medicare, Tricare or Medicaid.
- » You're not a dependent of another taxpayer.

## How It Works

### YOUR HSA

A Health Savings Account is a tax-advantaged, interest-bearing account.

Your money goes in tax-free, grows tax-free, and is spent on qualified health expenses tax-free.

It's a great way to save for health

expenses in both the short and long term.

An HSA is like a flexible spending account, but better. You never have to worry about forfeiting HSA money you don't spend.

Money in your HSA carries over from year-to-year and even from employer-to-employer.

### YOUR DEDUCTIBLE

Your deductible is the yearly dollar amount you must pay out of your own pocket for eligible medical and pharmacy expenses **before** PEHP begins paying benefits. The STAR Plan's deductible is set higher than Advantage and Summit Care's.

## Eligible Expenses

Eligible HSA expenses include deductibles, copayments, and coinsurance, as well as all flex-eligible health expenses. However, while many expenses are HSA-eligible, they apply to your deductible and out-of-pocket maximum only if they're covered by your health plan.

## Debit Card

You'll be automatically issued a debit card to access your HSA funds. Always present your PEHP card at the time of service to receive PEHP's discounted rate. It also allows PEHP to track your spending to apply to your deductible and out-of-pocket maximum.

# Expanded Preventive Medications

## The STAR HSA Plan

Expanded preventive drug coverage means that PEHP will pay a portion of the drug cost for some STAR HSA plans even before you meet your deductible. **Check your benefit summary for plan coverage details as not all STAR HSA plans include this benefit.** Make sure to visit an in-network pharmacy to receive this benefit.

## Diabetes

GLUCOSE RESCUE PRODUCTS
GlucaGen HypoKit
Glucagon
INSULINS
Novolog vials
Novolin vials
Lantus vials
METFORMIN PRODUCTS
glipizide-metformin
glyburide-metformin
metformin
metformin ER (non OSM, non MOD)
MISCELLANEOUS
pioglitazone
TESTING SUPPLIES
Freestyle test strips
SULFONYLUREAS
glimepiride
glipizide
glipizide ER
glyburide
glyburide micronized
tolazamide

## Depression

citalopram
escitalopram
fluoxetine
sertraline

## Cardiovascular

ANTICOAGULANTS/ ANTIPLATELETS
clopidogrel
dipyridamole
warfarin
BETA BLOCKERS
acebutolol
bisoprolol
carvedilol
labetalol
metoprolol succinate
metoprolol tartrate
propranolol solution
propranolol tablets
sotalol
timolol maleate tablets
CALCIUM CHANNEL BLOCKERS
amlodipine
diltiazem
felodipine ER
isradipine
nifedipine tablets ER
verapamil
COMBINATION PRODUCTS
amiloride & HCTZ
atenolol & chlorthalidone
bisoprolol & HCTZ
enalapril & HCTZ
irbesartan & HCTZ
lisinopril & HCTZ
losartan & HCTZ
metoprolol & HCTZ
nadolol & bendroflumethiazide
propranolol & HCTZ
triarterene & HCTZ

RENIN/ANGIOTENSIN SYSTEM ANTAGONIST (ACEI/ARB)
enalapril
fosinopril
irbesartan
lisinopril
losartan
quinapril
ramipril
trandolapril
DIURETICS
amiloride
bumetanide
chlorothiazide
chlorthalidone
furosemide solution
furosemide tablets
hydrochlorothiazide capsules
hydrochlorothiazide tablets
indapamide
methazolamide
methyclothiazide
spironolactone
torsemide
MISCELLANEOUS
prazosin
clonidine
digoxin
VASODILATORS
hydralazine
isosorbide

## Respiratory

ANTICHOLENERGICS
ipratropium bromide solution
INHALED CORTICOSTEROIDS
QVAR inhaler
SABA/ ANTICHOLENERGICS
ipratropium-albuterol inhaler
ipratropium-albuterol nebulized
SHORT ACTING BETA AGONISTS
albuterol ER tablets
albuterol nebulized
albuterol syrup
albuterol tablets
ProAir HFA inhaler
ProAir RespiClick
Ventolin inhaler

## Osteoporosis

alendronate
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# YOU'RE COVERED



PEHP Pays for **Preventive Benefits** at 100%\*

**Don't put off that test or immunization.** Preventive benefits are covered at no cost to you when you see a contracted provider — even before you meet your deductible.

### Covered Preventive Services for Adults

(Ages 18 and older)

- » Preventive physical exam visits for adults, one time per plan year including:
  - › Blood pressure screening
  - › Basic/comprehensive metabolic panel
  - › Complete blood count
  - › Urinalysis
- » Abdominal aortic aneurysm one-time screening for men aged 65-75 who have ever smoked.
- » Alcohol misuse screening and counseling.
- » Aspirin use for men ages 45-79 and women ages 55-79, covered under the pharmacy benefit when prescribed by a physician.
- » Cholesterol screening for adults of certain ages or at higher risk.
- » Colorectal cancer screening for adults ages 45 to 75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy.  
*PEHP covers Conscious Moderate Sedation for Colonoscopies. If you don't have an ASA score of P3 or higher, or a Mallampati score of III or higher, General Anesthesia or Monitored Anesthesia Care is not covered for those providers that bill separately for it. Check with your doctor to find out if you meet these requirements.*
- » Depression screening for adults.
- » Type 2 diabetes screening for adults with high blood pressure.

- » Diet counseling for adults at higher risk for chronic disease including hyperlipidemia, obesity, diabetes, and cardiovascular disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists including registered dietitians.
  - » HIV screening for all adults at higher risk.
  - » Immunization vaccines for adults--doses, recommended ages, and recommended populations vary:
    - › Hepatitis A
    - › Hepatitis B
    - › Herpes zoster (shingles age 60 and above)
    - › Human papillomavirus (HPV)
      - » males age 9-21 Gardasil
      - » females age 9-26 Gardasil or Cervarix
    - › Influenza (flu shot)
    - › Measles, mumps, rubella
    - › Meningococcal (meningitis)
    - › Pneumococcal (pneumonia)
    - › Tetanus, diphtheria, pertussis (Td or Tdap)
    - › Varicella (chickenpox)
- Learn more about immunizations and see the latest vaccine schedules at [www.cdc.gov/vaccines/](http://www.cdc.gov/vaccines/).*
- » Obesity screening and counseling for all adults by primary care clinicians to promote sustained weight loss for obese adults.
  - » Sexually transmitted infection (STI) prevention counseling for adults at higher risk.
  - » Tobacco use screening for all adults and cessation interventions for tobacco users.

- » Syphilis screening for all adults at higher risk.

### Covered Preventive Services Specifically for Women, Including Pregnant Women

- » Preventive gynecological exam, two per plan year.
- » Anemia screening on a routine basis for pregnant women.
- » Bacteriuria urinary tract or other infection screening for pregnant women.
- » BRCA counseling about genetic testing for women at higher risk.
- » BRCA testing for women at higher risk, requires preauthorization from PEHP.
- » Breast cancer mammography screenings one time per plan year for women over 40.
- » Breast cancer chemoprevention counseling for women at higher risk.
- » Breast cancer medications for women at higher risk. Tamoxifen or Raloxifene.
- » Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women.  
*Coverage allows for either a manual or electric breast pump within 12 months after delivery. Hospital grade breast pumps when medically necessary and preauthorized by PEHP are also included.*
- » Cervical cancer screening (pap smear) for women ages 21-65.

*Continued on next page*

# Preventive Services Coverage

*Continued from previous page*

- » Chlamydia infection screening for younger women and other women at higher risk.
- » Contraception: Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs.
  - » Covered services/devices include: One IUD every two years (including removal), generic oral contraceptives, NuvaRing, Ortho Evra, diaphragms, cervical caps, emergency contraceptives (Ella, and generics only), injections, hormonal implants (including removal), Essure, and tubal ligation.
- » Domestic and interpersonal violence screening and counseling for all women.
- » Folic acid supplements for women who may become pregnant, covered under the pharmacy benefit when prescribed by a physician.
- » Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.
- » Gonorrhea screening for all women at higher risk.
- » Hepatitis B screening for pregnant women at their first prenatal visit.
- » Human immunodeficiency virus (HIV) screening and counseling for sexually active women.
- » Human papillomavirus (HPV) DNA test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older in conjunction with cervical cancer screening (pap smear).
- » Osteoporosis screening for women over age 60 depending on risk factors.
- » Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk.
- » Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users.
- » Sexually transmitted infections (STI) counseling for sexually active women.
- » Syphilis screening for all pregnant women or other women at increased risk.

## Covered Preventive Services Specifically for Children

*(Younger than age 18)*

- » Preventive physical exam visits throughout childhood as recommended by the American Academy of Pediatrics including:

- » Behavioral assessments for children of all ages;
- » Blood pressure screening for children;
- » Developmental screening for children under age 3 and surveillance throughout childhood;
- » Oral health risk assessment for young children;
- » Alcohol and drug use assessments for adolescents.
- » Autism screening for children at 18 and 24 months.
- » Cervical dysplasia (pap smear) screening for sexually active females.
- » Congenital hypothyroidism screening for newborns.
- » Depression screening for adolescents.
- » Dyslipidemia screening for children at higher risk of lipid disorders.
- » Fluoride chemoprevention supplements for children without fluoride in their water source.
- » Gonorrhea preventive medication for the eyes of all newborns.
- » Hearing screening for all newborns, birth to 90 days old.
- » Height, weight, and body mass index measurements for children.
- » Hematocrit or hemoglobin screening for children.
- » Hemoglobinopathies or sickle cell screening for newborns.
- » HIV screening for adolescents at higher risk.
- » Immunization vaccines for children from birth to age 18 — doses, recommended ages, and recommended populations vary:
  - » Diphtheria, tetanus, pertussis (Dtap);
  - » Haemophilus influenzae type b (Hib);
  - » Hepatitis A;
  - » Hepatitis B;
  - » Human papillomavirus (HPV);
    - » Males age 9-21 Gardasil;
    - » Females age 9-26 Gardasil or Cervarix;
  - » Inactivated poliovirus;
  - » Influenza (Flu Shot);
  - » Measles, mumps, rubella;
  - » Meningococcal (meningitis);
  - » Pneumococcal (pneumonia);
  - » Rotavirus;
  - » Varicella (chickenpox).
- Learn more about immunizations and see the latest vaccine schedules at [www.cdc.gov/vaccines/](http://www.cdc.gov/vaccines/).*
- » Iron supplements for children ages 6 to 12 months at risk for anemia.
- » Obesity screening and counseling.
- » Phenylketonuria (PKU) screening for this

genetic disorder in newborns.

- » Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk.
- » Tuberculin testing for children at higher risk of tuberculosis.
- » Vision screening for all children one time between ages 3 and 5.

## Coverage for Specific Drugs

Payable through the Pharmacy Plan when received at a participating pharmacy with a prescription from your doctor. Over-the-counter purchases are not covered. See applicable Benefits Summary for coverage information.

- » Aspirin use for men age 45-79 and women age 55-79.
- » Breast cancer medications for women at higher risk. Tamoxifen or Raloxifene.
- » Folic acid supplements for women who may become pregnant.
- » Fluoride chemoprevention supplements for children without fluoride in their water source.
- » Iron supplements for children ages 6 to 12 months at risk for anemia.
- » Tobacco use cessation interventions, up to the maximum approved dose and duration per plan year.

## Additional Preventive Services When Enrolled in The STAR Plan

*(doesn't apply to Jordan School District)*

*(doesn't apply to Utah Basic Plus)*

### Adults

- » Eye exam, routine. One per plan year.
- » Glaucoma screening.
- » Glucose test.
- » Hearing exam.
- » Hypothyroidism screening.
- » Phenylketones test.
- » Prostate cancer screening.
- » PSA (prostate specific antigen) screening.
- » Refraction exams.
- » Blood typing for pregnant women.
- » Rubella screening for all women of child bearing age at their first clinical encounter.

### Children

- » Eye exam, routine. One per plan year.
- » Glaucoma screening.
- » Hearing exam.
- » Hypothyroidism screening.
- » Refraction exams.

\* PEHP processes claims based on your provider's clinical assessment of the office visit. If a preventive item or service is billed separately, cost sharing may apply to the office visit. If the primary reason for your visit is seeking treatment for an illness or condition, cost sharing may apply. Certain screening services, such as a colonoscopy or mammogram, may identify health conditions that require further testing or treatment. If a condition is identified through a preventive screening, any subsequent testing, diagnosis, analysis, or treatment are not considered preventive services and are subject to the appropriate cost sharing.

# Need Immediate Care? Consult a Doctor Remotely

## A Fast, Easy Way to See a Doctor

Families have access to care for urgent, low-level needs such as:

- » Eye infections
- » Painful urination
- » Joint pain or strains
- » Minor skin problems

## Intermountain Connect Care

Available 24/7/365 (even on holidays)

- » Summit
- » Advantage

## University of Utah Health Virtual Visits

Available 9 a.m.-9 p.m., 7 days a week

- » Summit

### If You're on the Traditional Plan

Each on-demand doctor consultation costs only a **\$10 co-pay**.

### If You're on the STAR HSA Plan

Each on-demand doctor consultation costs only **\$59** before you meet your deductible (**\$49** for UofU virtual visits). After your deductible is met, you pay only a **\$10 co-pay**.



Download the Intermountain Connect Care app from the [Google Play Store](#) or [iTunes App Store](#).



# Autism Spectrum Disorder Benefit

### **The benefit covers behavioral health treatment (ABA Therapy).**

A brief overview of PEHP's Autism Spectrum Disorder coverage:

- » Please call PEHP (801-366-7555 or 800-765-7347) for information about which autism spectrum disorders and services are covered.
- » Therapeutic care includes services provided by speech therapists, occupational therapists, or physical therapists.
- » Eligible Autism Spectrum Disorder services do not accrue separately, and are subject to the medical plan's visit limits, regular cost sharing limitations – deductibles, co-payments, and coinsurance – and would apply to the out-of-pocket maximum.
- » Mental health and speech therapy services require Preauthorization.
- » No benefits for services received from out-of-network Providers. List of in-network providers is available through your **PEHP account** or by calling PEHP (801-366-7555 or 800-765-7347).
- » Regular medical benefits will apply (see benefits grid for applicable co-pay and coinsurance).



## Education

### Seminars

PEHP Wellness staff conduct free on-site seminars throughout Utah on various health topics.

### Webinars

Get connected online with our quarterly wellness webinar series. Join us for 30 minutes of useful health information. All webinars are archived online and can be viewed anytime.

### Health Challenges

These monthly email-based educational challenges are self-guided and can assist you with setting and achieving your health goals.

## For the Worksite

### Wellness Council Support & Resources

A Wellness Council is a diverse team of individuals who work to improve the health and well being of employees and the organization as a whole. They support employee-focused activities and organizational changes to create a healthy workplace where employees can thrive.

## Coaching

### PEHP Health Coaching

This lifestyle behavior change program provides education, support, and accountability to help you succeed in meeting your health and weight management goals. Available to members, spouses and dependents age 6 and older.



## Wellness for You Know. Plan. Act.

To learn more about PEHP Wellness, visit [www.pehp.org](http://www.pehp.org).



### Biometric Screenings

Complete annual biometric testing (cholesterol, blood glucose, body composition, and blood pressure) at a Healthy Utah testing session or your annual preventive doctor office visit to earn rebates.

### Rebates

Complete the biometric testing and a Health Questionnaire found at your online PEHP account to earn your **\$50 Know & Plan** rebate. After completing the Know & Plan rebate requirements, participate in your choice of PEHP Wellness activities and programs, then complete and submit the rebate form to receive the **Next Steps Rebate**. Other available rebates include Diabetes Management, WeeCare, and Tobacco Cessation. Rebates are taxable.

### PEHP WeeCare

PEHP WeeCare is a pregnancy and postpartum program that helps expectant mothers have the healthiest and safest pregnancy possible. Rebates\* are offered for enrolling to receive educational materials and support, and for reaching pre-pregnancy weight after delivery.

*\*PEHP Rebates may not apply to all plans and are taxable.*

# Diabetes Savings Program

PEHP members with diabetes may qualify for less expensive test strips and short-acting insulin.

To qualify, have your doctor complete the Diabetes Savings Program form. Find it at [www.pehp.org/members/diabetes](http://www.pehp.org/members/diabetes).

This benefit is available to PEHP members who use short-acting insulin, long-acting insulin and/or blood glucose test strips. You may receive authorization for lower copayments for one year and may re-submit for coverage in the following year.

Learn more at [www.pehp.org/members/diabetes](http://www.pehp.org/members/diabetes)



# Get the Best Care by Asking 5 Questions

You have the right to know and ask questions about your care. Ask these five questions to make sure you are informed and comfortable with your treatment options.

## 1. How will this treatment help me?

The effectiveness of a treatment can vary. In fact, some care may even be unnecessary. According to the Institutes of Medicine, more than 30% (or \$750B) of healthcare fits this category, which is more than we spend on K-12 education as a nation. Make sure you know how care will help you.

## 2. What are the potential downsides?

Healthcare helps make our lives better, but it is not without risks. Even routine treatment can have risks due to infections, errors, and adverse reactions. Make sure you know about the risks of care.

## 3. Are there simpler, less costly options?

Healthcare providers can mistakenly assume they know what you want. This can include surgeries over therapy and medications over lifestyle changes. Make sure you know your options, including those that are less costly and less invasive, so you can decide what is best for you.

## 4. What would happen if I didn't get treatment?

Our bodies are amazing in their ability to heal. At times, the best option may be to let the body heal naturally or forego a treatment that potentially may do more harm than good. Make sure you know what would happen if you didn't get care.

## 5. How much will this cost?

No one likes to think about costs when it comes to getting the healthcare you need. But it would be a mistake to believe that expensive care is the best care in every situation or that providers who operate in a business environment are not aware of how the cost of care impacts their bottom line. Don't be afraid to ask about costs. A drug that costs \$10 can be better than one that costs \$500 and a lab that costs \$10 is no different than one that costs \$100.



# PEHP Value Providers



## MEDICAL

**The STAR Plan »** 25% discount on what you would normally pay an in-network provider

**Traditional Plan »** \$10 office co-pay

### SALT LAKE CITY

#### [Midtown Clinic](#)

230 South 500 East, Suite 510 | **801-320-5660**

#### [RC Willey Employee Clinic](#)

2301 South 300 West | **801-464-7900**

#### [WesTech Wellness Center](#)

3605 S West Temple | **801-506-0000**

### NORTH SALT LAKE

#### [FJM Clinic](#)

31 N Redwood Rd, Suite 2 | **801-624-1634**

### CLEARFIELD

#### [Futura Onsite Clinic](#)

11 H Street | **801-774-3265**

### LAYTON

#### [Onsite Care at Davis Hospital](#)

1580 W. Antelope Dr., Suite 110 | **801-807-7699**

### OGDEN

#### [FJM Clinic](#)

1104 Country Hills Dr., Ste. 110 | **801-624-1633**

### LEHI

#### [OnSite Care at Mountain Point Medical](#)

3000 Triumph Blvd, Ste. 320 | **801-753-4600**



## E-CARE/TELEMEDICINE

Visit a doctor online anytime, anywhere.

- » Eye infections
- » Painful urination
- » Joint pain or strains
- » Minor skin problems

**STAR HSA Plan »** \$59 per visit or \$10 per visit after deductible; For UofU virtual visits: \$49 per visit or \$10 per visit after deductible

**Traditional Plan »** \$10 per visit

**Intermountain Connect Care »** available on all networks

**University of Utah Health Virtual Visits »** available on Summit network only



*Check with your employer to see which medical and dental plans are available to you. You must be enrolled in an active PEHP medical plan to visit a medical clinic. You must be enrolled in an active PEHP dental plan to visit a dental clinic.*

# PEHP Value Providers



## COLONOSCOPY

**Get Cash Back »** Get cash back\* when you get your colonoscopy from one of these Value Providers. You must call PEHP prior to service to be eligible for cash back. You need to get the colonoscopy in the provider's office or at an ambulatory surgical center to be eligible for cash back as this doesn't apply to hospitals, even if your doctor determines you must do it there. Remember you'll always get the best pricing when you use a PEHP Value Provider.

### Utah Gastroenterology

*If you're on the Advantage Network, there is only one Utah Gastroenterology location where cash back is available. Summit Network members may use any of the facilities listed below and receive cash back.*

- 6360 S 3000 E Ste 310, SLC (**Advantage**)
- 620 Medical Dr Ste 205, Bountiful
- 1250 E 3900 S Ste 360, SLC
- 13953 S Bangerter Pkwy, Draper
- 12391 S 4000 W, Riverton
- 3000 N Triumph Blvd, Ste 340, Lehi

### Granite Peaks Gastroenterology

- 1393 E Sego Lilly Dr., Sandy
- 3000 N Triumph Blvd Ste 330, Lehi

### Revere Health

- 1055 N. 500 W., Provo
- 1175 E. 50 S., American Fork

#### Preventive Colonoscopy 45+

**You must call PEHP prior to service to get cash back.** The cash back applies even when it's preventive and covered at 100%.

**Tip:** Be sure the anesthesia is considered "moderate or conscious" sedation as general anesthesia isn't covered as part of the preventive service unless pre-authorized through PEHP. Also be aware that sometimes the colonoscopy can result in additional treatment or diagnosis where you would be responsible for some of the cost based on your benefit cost share.

\*Please note cash back is subject to income taxes.



## PRESCRIPTION ASSISTANCE PROGRAMS

PEHP has identified several medication-assistance programs which may help to reduce the cost of your medication. See if you qualify.

#### Rx Help Centers®

<http://rxhelpcenter.org/>

#### Patient Access Network Foundation®

<https://panfoundation.org/index.php/en/>

#### Patient Advocate Foundation®

<http://www.patientadvocate.org/>

#### HealthWell Foundation®

<https://www.healthwellfoundation.org/>

# PEHP Value Providers



## LABORATORIES

Visit these labs for exclusive PEHP member savings.

### **MULTIPLE LOCATIONS**

The following laboratories have more than one location. For the location near you, visit the [Provider Lookup](http://www.pehp.org) at [www.pehp.org](http://www.pehp.org).

#### **Accupath Diagnostics**

Advantage and Summit networks

#### **Cedar Diagnostics LLC**

Advantage and Summit networks

#### **Esoterix**

Advantage network only

#### **Labcorp Inc**

Advantage and Summit networks

#### **Pathology Associates Medical Labs**

Summit network only

#### **Quest Diagnostics**

Summit network only

### **BOUNTIFUL**

#### **Bountiful Health Center Lab**

390 N Main St. | **801-294-1150**

Advantage network only

### **MURRAY**

#### **Intermountain Central Lab**

5252 S Intermountain Dr. | **801-535-8163**

Summit network only

### **SALT LAKE CITY**

#### **IHC Health Center Salt Lake Clinic**

333 S 900 E | **801-535-8163**

Advantage and Summit networks

### **OUT-OF-STATE**

#### **ALBUQUERQUE, N.M.**

#### **Tricare Reference Laboratories**

1001 Woodward Pl. NE | **505-938-8803**

Summit network only

*Check with your employer to see which medical and dental plans are available to you. You must be enrolled in an active PEHP medical plan to visit a medical clinic. You must be enrolled in an active PEHP dental plan to visit a dental clinic.*

# Labs & Testing

**Your doctor and hospital may be in your network, but that doesn't mean the lab they're using is too. Always ask where your samples are being sent to avoid unnecessary, large bills.**

## Understand Your Network

Get the best benefit by using only labs contracted in your [network](#). Otherwise, you could face unnecessary large bills. Find in-network labs at [PEHP for Members](#) (click "Find and Select a Provider" under the "my Benefits" menu).

## Ask About Your Lab

Always ask where your samples are being sent. **LabCorp, Quest Diagnostic, and IHC Central Labs are in-network labs.** Find others at [PEHP for Members](#).

## Genetic Tests

All genetic tests require [preauthorization](#).  
» [Learn More About Genetic Tests](#)

## If You Go Out-of-Network...

You may be stuck with large, unnecessary bills. Depending on your benefits, PEHP may pay up to the [in-network rate](#), but you may be subject to [balance billing](#). We'll send you a check in the name of the provider for the in-network rate. Having the check and knowing the market rate will help you negotiate.

## Where You Go Matters

Most services are less expensive when performed outside a hospital, and labs are no exception. See the chart below for estimated price differences for common labs. Ask your doctor about the most cost-effective way to have your labs and testing performed.

*For complete information, see your [Benefits Summary](#) or [Master Policy](#).*



Lab	Doctor's Office	Lab	Hospital
Complete Blood Test	\$7	\$6	\$14-49
Metabolic Panel	\$14	\$12	\$26-89
Lipid Test	\$19	\$15	\$50-55
Obstetric Panel	\$65	\$55	\$153
Factor V Gene Analysis	N/A	\$66	\$476-\$725

# Dental Benefits: Preferred Dental Care

If you use an Out of Network provider, your benefits will be reduced by 20%. Out of Network providers may collect charges that exceed PEHP's In Network Rate.

Preferred Dental Care	IN NETWORK	OUT OF NETWORK
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Deductible</b> Does not apply to diagnostic or preventive services	None	None
<b>Annual Benefit Max</b>	<b>\$1,500</b> per person	<b>\$1,500</b> per person
<b>DIAGNOSTIC</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Periodic Oral Examinations</b>	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>X-rays</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>PREVENTIVE</b>		
<b>Cleanings and Fluoride Solutions</b>	<b>20%</b> of In-Network Rate	<b>20%</b> of In-Network Rate
<b>Sealants</b>   Permanent molars only through age 17	<b>20%</b> of In-Network Rate	<b>20%</b> of In-Network Rate
<b>RESTORATIVE</b>		
<b>Amalgam Restoration</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>Composite Restoration</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>ENDODONTICS</b>		
<b>Pulpotomy</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>Root Canal</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>PERIODONTICS</b>		
	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>ORAL SURGERY</b>		
<b>Extractions</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>ANESTHESIA</b>   General Anesthesia in conjunction with oral surgery or impacted teeth only		
<b>General Anesthesia</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate

**Note:** Six month waiting period applies to prosthodontic, implant, and orthodontics benefits unless you show PEHP you were covered by a qualified dental insurance plan for at least six consecutive months before joining PEHP dental.

<b>PROSTHODONTIC BENEFITS</b>   Preauthorization may be required		
<b>Crowns</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>Bridges</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>Dentures (partial)</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>Dentures (full)</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>IMPLANTS</b>		
<b>All eligible related services</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>ORTHODONTIC BENEFITS</b>   6-month Waiting Period		
<b>Maximum Lifetime Benefit per Member</b>	<b>\$1,500</b> – Does not apply to the Annual Benefit Maximum	
<b>Eligible Appliances and Procedures</b>	<b>50%</b> of eligible fees to plan maximum	

**Missing Tooth Exclusion** » Services to replace teeth missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with a PEHP-sponsored dental plan. Learn more in the Dental Master Policy.



## PEHP Full



**40% OFF**

additional complete pair of prescription eyeglasses

**20% OFF**

non-covered items, including non-prescription sunglasses

### Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

### Heads up

You may have additional benefits. Log into [eyemed.com/member](http://eyemed.com/member) to see all plans included with your benefits.

### SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$10 copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
Fit and Follow-up – Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up – Premium	10% off retail price	Not covered
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$100 allowance	Up to \$50
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive – Standard	\$75 copay	Up to \$40
Progressive – Premium Tier 1 – 3	\$95 – 120 copay	Up to \$40
Progressive – Premium Tier 4	\$75 copay; 20% off retail price less \$120 allowance	Up to \$40
<b>LENS OPTIONS</b>		
Anti Reflective Coating – Standard	\$45	Not covered
Anti Reflective Coating – Premium Tier 1 – 2	\$57 – 68	Not covered
Anti Reflective Coating – Premium Tier 3	20% off retail price	Not covered
Photochromic – Non-Glass	\$75	Not covered
Polycarbonate – Standard	\$40	Not covered
Polycarbonate – Standard < 19 years of age	\$40	Not covered
Scratch Coating – Standard Plastic	\$15	Not covered
Tint – Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
<b>CONTACT LENSES</b>		
Contacts – Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$96
Contacts – Disposable	\$0 copay; 100% of balance over \$120 allowance	Up to \$96
Contacts – Medically Necessary	\$0 copay; paid in full	Up to \$200
<b>OTHER</b>		
Hearing Care from Amplifon Network	Discounts on hearing exam and	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>	<b>ALLOWED FREQUENCY – ADULTS</b>	<b>ALLOWED FREQUENCY – KIDS</b>
Exam	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Contact Lenses	Once every 12 months	Once every 12 months
(Plan allows member to receive either contacts and frame, or frames and lens services)		
<b>PREMIUMS – monthly</b>		
Subscriber only	\$7.29	
Subscriber + 1	\$11.85	
Subscriber + family	\$16.38	

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



## OPTICARE PLAN: 150/140C

### Premium Rates 150/140C

Single	\$6.70
2-Party	\$9.99
Family	\$13.99

Products/Services	Select Network	Broad Network	Out-Of-Network
<b>Standard Plastic Lenses</b>			
Single Vision	\$0 Co-pay - 100% Covered	\$10 Co-pay	\$70 Allowance for lenses, options, and coatings
Bifocal (FT 28)	\$0 Co-pay - 100% Covered	\$10 Co-pay	\$70 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	\$0 Co-pay - 100% Covered	\$10 Co-pay	\$70 Allowance for lenses, options, and coatings
Standard Progressive	\$30 Co-pay	\$50 Co-pay	
Digital Progressive (MasterpieceHD)	\$80 Co-pay	\$100 Co-pay	
<b>Options &amp; Coatings</b>			
UV	\$0 Co-pay - 100% Covered	\$10 Co-pay	Included Above
Tint	\$0 Co-pay - 100% Covered	\$10 Co-pay	
Scratch	\$0 Co-pay - 100% Covered	\$10 Co-pay	
Polycarbonate Kids (Under age 19)	\$20 Co-pay	\$40 Co-pay	
Polycarbonate Adults	\$40 Co-pay	\$40 Co-pay	
Premium Anti-Reflective	\$50 Co-pay	25% Discount	
Transitions/Photochromic	\$50 Co-pay	\$75 Co-pay	
BluDefense Digital (includes AR)	\$100 Co-pay	NA	
Polarized	25% Discount	0-25% Discount	
Other Add-ons	25% Discount	0-25% Discount	
<b>Frames</b>			
Allowance Based on Retail Pricing	\$150 Allowance	\$130 Allowance	\$70 Allowance
Additional Eyewear Throughout the Year	50% Off Retail	25-50% Off Retail	
<b>Contacts</b>			
Contact benefits is in lieu of lens and frame benefit.	\$140 Allowance	\$130 Allowance	\$100 Allowance
Medically Necessary Contacts	\$0 Co-pay - Covered 100%	\$250 Allowance	NA
Additional Contact Purchases	Up to 20% off Discount	Up to 10% Discount	
Non-RX (Plano Sunglasses)	25% Discount	20% Discount	
All other options	25% Discount	20% Discount	
<b>Frequency</b>			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
<b>Refractive Surgery</b>			
LASIK	20% Off Retail or 10% off promo price	NA	NA
Visian ICL	20% Off Retail or 10% off promo price	NA	NA

# PEHP Cost Tools

### Find Quality Care & Best Value

Finding quality care at the right place is important. PEHP has several cost comparison tools that help you shop for the best providers and the best value.

To get started, log in to your PEHP account and click “Find Providers & Costs” in the top menu.

### Find and Compare Providers



Under the “Find a Provider” tab, you can search for doctors and other healthcare providers in your network, see and compare cost information, and read reviews from other PEHP members. Plus, you can see how often a doctor refers lab work to a costly hospital or lower-cost independent lab.

### Find and Compare Healthcare Facilities



Under the “Find a Facility” tab, you can search for healthcare facilities (e.g. hospitals, clinics, surgical centers) in your network, and see and compare cost information.

### Looking for Lower Drug Costs?



Click on “Compare Prescription Costs.” You’ll see medication prices from different pharmacies, including home delivery, which is often less expensive.

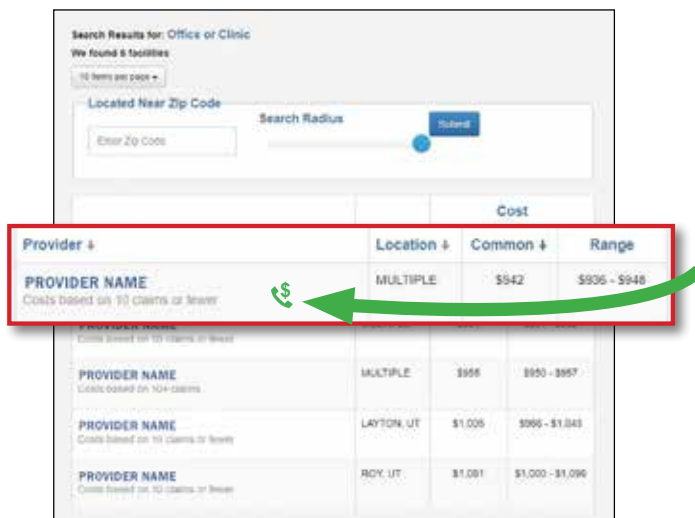
To get the best deal, use medications on lower tiers in the PEHP Covered Drug List – a list of prescription medications available to members at lower costs.

These cost comparison tools are just one way we strive to make healthcare costs transparent, so you decide where to go for the best care and value.



## Compare Medical Costs & Find Cash Back Opportunities

Under the "Compare Medical Costs" tab, you can search by medical services. You'll see cost information for services based on past claims PEHP processed. Your search results will display common services based on the treatment you entered to give you a better idea of total costs at different locations where the service has been performed. For each location, you'll see a list of providers who have performed your desired treatment. Compare providers and costs to seek quality care and great value.



Provider	Location	Common	Range
PROVIDER NAME Costs based on 10 claims or fewer	MULTIPLE	\$942	\$936 - \$948
PROVIDER NAME Costs based on 10+ claims	MULTIPLE	\$958	\$950 - \$967
PROVIDER NAME Costs based on 10 claims or fewer	LAYTON, UT	\$1,009	\$996 - \$1,043
PROVIDER NAME Costs based on 10 claims or fewer	BOY, UT	\$1,091	\$1,000 - \$1,096

PEHP pays  
you to save!

Not only do  
you get cash  
back, it saves  
you money on  
deductibles &  
co-insurance.

Look for cash back opportunities offered by PEHP for certain medical services performed by lower-cost providers. The amount of cash back can range from \$50 to \$2,000. You'll see a **cash back indicator** next to the location categories and provider names. To qualify for cash back, you must contact PEHP at 801-366-7555 or via the secure Message Center **before** receiving services.

**To learn more, visit**  
**[www.pehp.org/save](http://www.pehp.org/save)**

# Out-of-Country Benefits

### **Passport for Health Medical Travel »**

Save yourself and the medical plan approximately one-third of the cost by having certain procedures performed “out of country.” These benefits are administered by **Passport for Health**.

This benefit will be available for certain elective medical procedures. Benefits will be paid after you’ve met your deductible. The benefit includes flight, hotel for you and a companion/caregiver, and medical expenses. You are responsible for food expenses, as well as expenses to acquire a passport, Visa, etc.

You must be healthy enough to travel and provide the necessary medical records from your physician to **Passport for Health**.

**Passport for Health** acts as your concierge, and will coordinate your procedure with the provider and facility and arrange for your travel and hotel. Any prescribed medications and medications used during the procedure will be covered.

Please be advised: When you receive medical care outside of the United States, you are subject to the host country’s laws and guidelines.

### **Elective Procedures Include:**

- » **Cardiac:** Coronary Artery Bypass Grafting, Cardiac Ablation, Valve Replacement, Pacemaker, Defibrillator.
- » **Orthopedic:** Shoulder Joint Replacement, Knee Replacement, Hip Replacement, Hip Resurfacing.
- » **Spine:** Lumbar Laminectomy, Spinal Fusions.

### **Medical Travel Destinations**

- » Mexico
- » Colombia
- » Costa Rica
- » Cayman Islands

### **To Learn More**

- » Contact Passport for Health by email: [rrepke@globalmedconex.com](mailto:rrepke@globalmedconex.com)



# Pharmacy Tourism Program

## Savings on Prescription Medications Filled Abroad

To help you save money on your prescriptions, PEHP offers members who are not enrolled in Medicare the option to fill select medications (from list below) at a designated pharmacy tourism location in Canada or Mexico.

If you're enrolled in a **Traditional Plan**, the medications are covered by your PEHP pharmacy benefit at no extra cost. If you're enrolled in a **STAR HSA Plan**, the cost is covered by your PEHP pharmacy benefit once you meet your deductible.

The PEHP Pharmacy Tourism Program allows you to fill a 90-day supply of medications you are currently taking and save 40-60% during your deductible. Plus, you can get \$500 cash back for each of up to four trips during the year.

PEHP will coordinate travel and cover the following costs associated with the program:

- » Roundtrip airfare for you and a companion from Salt Lake City to either San Diego or Vancouver International Airport
- » If needed, transportation to and from clinic location and/or overnight hotel stay

You are responsible for food expenses and the cost to acquire a passport, Visa, etc. Please visit [travel.state.gov](https://travel.state.gov) for travel requirements to Canada and Mexico.

## Medications currently included in the PEHP Pharmacy Tourism Program

Medications are subject to change at the discretion of the PEHP Pharmacy Department.

- |            |           |             |
|------------|-----------|-------------|
| » Aubagio  | » Enbrel  | » Otezla    |
| » Avonex   | » Forteo  | » Stelara   |
| » Copaxone | » Humira  | » Tecfidera |
| » Cosentyx | » Orencia | » Xeljanz   |

## Pharmacy Tourism Travel Destinations

- » Vancouver, Canada
- » Tijuana, Mexico

## To Learn More

- » Contact PEHP Pharmacy Services 801-366-7551 or 888-366-7551



# Guide to PEHP Life & Accident

## Group Term Life Coverage

### EMPLOYEE BASIC COVERAGE

Your employer funds basic coverage at no charge to you.

COVERAGE	AMOUNT
Up to Age 70	100,000
Age 71 to 75	50,000
Age 76 and over	25,000



### LINE-OF-DUTY DEATH BENEFIT

If you're enrolled in basic coverage, you get an additional \$50,000 Line-of-Duty Death Benefit at no extra cost. Enrollment is automatic.

### ACCIDENTAL DEATH RIDER

If you're enrolled in basic coverage, you get an additional \$10,000 Accidental Death Benefit, subject to the provisions of the PEHP Group Accident Plan, at no extra cost. Enrollment is automatic.

### EVIDENCE OF INSURABILITY

You must submit evidence of insurability if:

- » You want more coverage than the guaranteed issue;
- » You apply for any amount of coverage 60 days after your hire date.

After you apply for coverage, PEHP will guide you through the necessary steps to get evidence of insurability. They may include:

- » Completing a health questionnaire;
- » Basic biometric testing and blood work;
- » Furnishing your medical records.

### EMPLOYEE ADDITIONAL TERM COVERAGE

If you apply within 60 days of your hire date, you can purchase up to \$200,000 as guaranteed issue. After 60 days, or for coverage greater than \$200,000 you must provide evidence of insurability.

Monthly Rates	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.20	2.40	4.80	7.20	9.60	12.00	14.40	16.80	19.20	21.60	24.00
Age 30 to 35	1.30	2.60	5.20	7.80	10.40	13.00	15.60	18.20	20.80	23.40	26.00
Age 36 to 40	1.80	3.60	7.20	10.80	14.40	18.00	21.60	25.20	28.80	32.40	36.00
Age 41 to 45	2.20	4.40	8.80	13.20	17.60	22.00	26.40	30.80	35.20	39.60	44.00
Age 46 to 50	4.20	8.40	16.80	25.20	33.60	42.00	50.40	58.80	67.20	75.60	84.00
Age 51 to 55	5.10	10.20	20.40	30.60	40.80	51.00	61.20	71.40	81.60	91.80	102.00
Age 56 to 60	8.10	16.20	32.40	48.60	64.80	81.00	97.20	113.40	129.60	145.80	162.00
Age 61 to 70	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
After age 70, rates remain constant and coverage changes											
Coverage Amounts	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
Age 71 to 75	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

**SPOUSE BASIC COVERAGE:** Your employer funds \$10,000 of spouse basic coverage at no charge to you.

## SPOUSE ADDITIONAL TERM COVERAGE

If you apply within 60 days of your hire date or date of marriage, you can purchase up to \$50,000 as guaranteed issue for your spouse. After 60 days, or for coverage greater than \$50,000 you will need evidence of insurability.

Monthly Rates	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.20	2.40	4.80	7.20	9.60	12.00	14.40	16.80	19.20	21.60	24.00
Age 30 to 35	1.30	2.60	5.20	7.80	10.40	13.00	15.60	18.20	20.80	23.40	26.00
Age 36 to 40	1.80	3.60	7.20	10.80	14.40	18.00	21.60	25.20	28.80	32.40	36.00
Age 41 to 45	2.20	4.40	8.80	13.20	17.60	22.00	26.40	30.80	35.20	39.60	44.00
Age 46 to 50	4.20	8.40	16.80	25.20	33.60	42.00	50.40	58.80	67.20	75.60	84.00
Age 51 to 55	5.10	10.20	20.40	30.60	40.80	51.00	61.20	71.40	81.60	91.80	102.00
Age 56 to 60	8.10	16.20	32.40	48.60	64.80	81.00	97.20	113.40	129.60	145.80	162.00
Age 61 to 70	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
After age 70, rates remain constant and coverage changes											
Coverage Amounts	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
Age 71 to 75	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

## DEPENDENT CHILDREN COVERAGE

**Your employer funds \$10,000** of dependent children coverage at no charge to you. If you apply within 60 days of your hire date, you can buy additional coverage. After 60 days, any new application for coverage, or increase in coverage, will require evidence of insurability. All eligible children will be covered at the same level.

**CHILD BASIC COVERAGE:** Your employer funds \$10,000 at no cost to you.

Coverage Amount	10,000	15,000
Monthly cost	0	0.52

## Accidental Death and Dismemberment (AD&D)

AD&D provides benefits for death, loss of use of limbs, speech, hearing or eye sight due to an accident, subject to the limitations of the policy.

### INDIVIDUAL PLAN

Your employer funds \$100,000 of AD&D coverage at no charge to you. Select additional coverage from \$25,000 to \$150,000 for a maximum coverage of \$250,000.

Employee's Coverage Amount	Individual Plan Monthly Cost	Family Plan Monthly Cost
100,000	0	1.00

### FAMILY PLAN

- » Upgrade your individual AD&D plan to a family plan. Convert your employee-funded \$100,000 individual plan to a \$100,000 family plan at a cost of \$1.00 per month.
- » Select a coverage amount ranging from \$25,000 to \$150,000, and your spouse and dependents will be automatically covered as follows:
  - » Your spouse will be insured for 40% of your coverage amount. If you have no dependent children, your spouse's coverage increases to 50% of yours;
  - » Each dependent child is insured for 15% of your coverage amount. If you have no spouse, each eligible dependent child's coverage increases to 20% of yours.
- » If injury to an insured person covered for this benefit results within one year of the date of the accident in any of the losses set forth, the plan will pay the sum specified opposite such loss, but the total amount payable for all such losses as a result of any one accident will not exceed the Principal Sum applicable to the insured person. The Principal Sum applicable to the insured person is the amount specified on the enrollment form.

## Accidental Death and Dismemberment (AD&D)

### Additional AD&D Coverage and Cost

INDIVIDUAL PLAN		FAMILY PLAN
Coverage Amount	Monthly Cost	Monthly Cost
25,000	0.50	0.75
50,000	1.00	1.50
75,000	1.50	2.25
100,000	2.00	3.00
125,000	2.50	3.75
150,000	3.00	4.50

### AD&D Payment Schedule

FOR LOSS OF	BENEFIT PAYABLE
Life	Principal Sum
Two Limbs	Principal Sum
Sight of Two Eyes	Principal Sum
Speech and Hearing (both ears)	Principal Sum
One Limb or Sight of One Eye	Half Principal Sum
Speech or Hearing (both ears)	Half Principal Sum
Use of Two Limbs	Principal Sum
Use of One Limb	Half Principal Sum
Thumb and Index Finger On Same Hand	Quarter Principal Sum
Thumb or Index Finger	Eighth Principal Sum
Any Two Fingers on One Hand	Tenth Principal Sum

### LIMITATIONS AND EXCLUSIONS

Refer to the Group Term Life and Accident Plan Master Policy for details on plan limitations and exclusions. Call 801-366-7495 or visit [www.pehp.org](http://www.pehp.org) for details.

## Accident Weekly Indemnity – Employee Only Coverage

- » You employer funds \$350 at no charge to you.
- » If you enroll in AD&D coverage, you may also purchase Accident Weekly Indemnity coverage, which will provide a weekly income if you are totally disabled due to an accident that is not job-related.
- » The maximum eligible weekly amount is based on the employee's monthly gross income (see graph below).
- » Coverage begins on the first day of total disability, and is payable while the disability continues, but not more than 52 weeks for any one incident.

### Accident Weekly Indemnity Coverage and Cost

MONTHLY GROSS SALARY IN DOLLARS	MAXIMUM AMOUNT OF WEEKLY INDEMNITY	MONTHLY COST
2,900 to 3,599	400	0.52
3,600 and over	500	1.52

## Accident Medical Expense (AME) – Employee Only Coverage

- » You employer funds \$2,500 at no charge to you.
- » This benefit will provide up to \$2,500 to help cover medical expenses incurred due to an accident that is not job-related and normally would be paid out of pocket.
- » Accident Medical Expense benefit will pay for medical expenses, which are in excess of those covered by all group medical insurance and by no-fault automobile insurance,
- » Some examples of eligible medical expenses are the costs incurred for treatment by a physician or surgeon, for hospital confinement, and for the employment of a licensed or graduate nurse to provide care because of the injury from an accident that was not job-related.

## Master Policy

This document is a summary only. Find complete terms and conditions in the Master Policy. Find it when you log in to the Members' Section of [www.pehp.org](http://www.pehp.org). Or, to request a copy, email [publications@pehp.org](mailto:publications@pehp.org) or call the number below.



[www.pehp.org](http://www.pehp.org)  
 560 East 200 South  
 Salt Lake City, UT 84102-2004  
 801-366-7495 | 800-753-7495

## PEHP LTD

# Your Reliable Safety Net

PEHP Long-Term Disability (LTD) is your safety net should you become disabled and unable to work. This important benefit is paid for by your employer at no cost to you.

After a three-month waiting period, LTD provides two-thirds of your regular monthly salary for accidental bodily injury, disease, or illness if you're unable to perform your regular job. If you're disabled by external force or violence while performing your job, you may be eligible to receive 100% of your regular salary.



After two years on LTD, if you can't perform any gainful employment, you may apply for "ongoing" LTD. To continue receiving the benefit, you must be unable to perform any gainful employment due to physical disability.

LTD Basics	
<b>Benefit Amount</b>	Two-thirds of your salary
<b>Waiting Period</b>	Three months; closest to the first of the month
<b>First 24 months of LTD</b>	Must be unable to perform your regular job
<b>After 24 months of LTD</b>	Must be unable to perform any gainful employment due to physical disability (includes sedentary work)
<b>Maximum Benefit</b>	Age 65* or retirement with Utah Retirement Systems**
<b>Line of Duty Benefit</b> (External Force/Violence)	100% of regular salary

\*Exception is if date of disability is age 60+. See Page 4.

\*\*Go to [www.urs.org](http://www.urs.org) to find out the years of service required for you to retire.

# Learn More About PEHP LTD

## Answers to our most frequently asked questions

### When should I apply for LTD benefits?

You must apply for LTD benefits within six months from your last day worked in your regular full-duty job.

We encourage you to apply as soon as possible.

### How do I apply for LTD benefits?

Contact our office for a phone interview and then you will be mailed an application and other forms to sign. See contact information on the back page.

### Who is eligible?

Most employees who are eligible for an employer sponsored retirement plan are eligible for LTD; contact us if you need to confirm your eligibility. The Legislature created the benefit as a bridge from active to retirement status therefore URS post-retirees are ineligible. Retirement is the only benefit available to employees who have accrued full years of service toward retirement because Title 49 states LTD benefits terminate when the eligible employee has accumulated the following years:

#### Accrued years to retire are:

- » Tier 1 Public Employee: 30 years
- » Tier 1 Public Safety: 20 years
- » Tier 2 Public Employee: 35 years
- » Tier 2 Public Safety: 25 years

It is also important to note that age is not a factor in determining initial eligibility; if you're age 60 or older, see page 4.

<b>Vocational Rehabilitation</b>	Services include counseling and assistance returning to your regular job or finding new employment.
<b>Rehabilitative Employment</b>	May be able to work while on LTD. Requires prior approval. LTD benefits partially reduced.
<b>Psychological Care Reimbursement</b>	LTD may reimburse for copays for care while on LTD for psychological reasons. Requires prior approval.

### How does PEHP LTD confirm I am disabled?

We must confirm your disability and impairment with objective medical documentation. We do this by collecting and reviewing medical records from your healthcare providers.

### What happens to my URS retirement accrual while I am on LTD?

- » **If you were hired before July 1, 2011**, you will continue to earn years of service toward your URS retirement.
- » **If you were hired on or after July 1, 2011**, you will continue to earn years of service credit toward URS retirement.

## Are there limits to my benefit?

Medical or psychological conditions that existed prior to eligibility may not be a basis for LTD benefits until you have had one year of continuous LTD eligibility.

For disabilities caused by psychological illness, benefits are limited to the first initial 24 months unless you're institutionalized.

## How long can I receive LTD benefits?

If you are unable to perform your regular job and you remain disabled, you may remain on disability up to 24 months.

At the end of 24 months, you can apply for ongoing benefits if you can't perform any gainful employment, based on objective medical documentation.

As long as you meet the disability requirements you can remain on LTD until you reach age 65 or have enough years of service toward retirement to retire, whichever comes first.

If you become disabled at or after age 60, LTD is payable as follows (unless you accrue enough years of service toward retirement to retire first):

Age 60 or 61	»	five years
Age 62 or 63	»	four years
Age 64 or 65	»	three years
Age 66, 67 or 68	»	two years
Age 69 or older	»	one year



## PEHP Long-Term Disability

560 East 200 South  
Salt Lake City, UT 84102

801-366-7583 | 800-365-7347

Email us: [pehp.ltd@pehp.org](mailto:pehp.ltd@pehp.org)

More info: visit [www.pehp.org](http://www.pehp.org)

## Does other income affect my LTD benefits?

LTD benefits are reduced when you receive income from sources such as Social Security, workers' compensation, third-party payments, sick/vacation pay and wages from rehabilitative employment.

**Note:** This brochure offers a brief overview only. For more detailed information about your LTD benefits, go to [www.pehp.org](http://www.pehp.org).

The LTD Program is established by Title 49 of Utah Code at 49-21-101. The information here provides a general description of benefits provided and is for informational purposes only. No error, misrepresentation or ambiguity in this information creates any rights or benefits not expressly granted by Utah Code Title 49.



